

Assistive Technology and Appliances

Definition: Assistive Technology and/or Appliances means a device, an item, piece of equipment, or product system, that is used to increase or improve functional capacities of participants thereby resulting in a decrease or avoidance of need for other waiver services (e.g., personal care, respite, etc.) This service may include the evaluation of the assistive technology/appliance needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant; and training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant. Appliances intended for general household utility that do not result in a decrease in need for other waiver services are not covered. This service is not intended to replace traditional household appliances for the convenience of family/household members or caregivers. Additionally, devices, items, equipment and/or product systems not proven effective, or deemed trial or experimental are not covered. Repairs not covered by warranty are covered, and replacement of parts/equipment are covered, if these repairs or parts/equipment are not related to abuse, mistreatment or carelessness. The lifetime limit on repairs (not covered under warranty) and/or replacement of part/equipment is \$1,000.

Providers: Assistive technology and appliances must be provided by vendors who are enrolled with SCDHHS as Durable Medical Equipment (DME) providers. The local DSN Board can also arrange to provide the service. However, if that provider is not a DME provider enrolled with SCDHHS, it must be billed to Medicaid by State DDSN. If a vendor is enrolled with SCDHHS as a DME provider, they **cannot opt to board bill**. Vendors who **are not enrolled with SCDHHS** are allowed to contract the local DSN Board to provide **consultation ONLY**.

Note: Durable Medical Equipment (DME) is the name of a service available to all Medicaid individuals in South Carolina. It is not the name of a Community Supports Waiver service.

Arranging for the Service: Once you have identified the individual's need and documented it in the Support Plan, you must determine that the provision of assistive technology or appliances will meet or address the need according to the specific service definition listed above. Service notes must be very thorough in order to justify approval. All records are subject to review and must support your professional judgment.

For any single piece of assistive technology or appliance which costs **less than \$2,500**, no bids are required. However, you must offer the individual/legal guardian the choice of provider. You must document this offering of choice.

For any single piece of assistive technology or appliance which costs **more than \$2,500**, you must offer the individual/legal guardian the choice of providers and assist with soliciting **written** quotes from at least three (3) different providers. These quotes may be verbal but must be documented in the record and included as a comment to the budget on the Waiver Tracking System (BDCOM).

For any single piece of assistive technology or appliance costing **more than \$10,000**, the procurement must be advertised and at least three (3) different **written** quotes from three (3) different providers must be obtained and submitted to Cost Analysis Division of SCDDSN via fax at (803) 898-9657 when the request is added to the Waiver Tracking System. Please refer to Chapter 8 for instruction on careful budget planning before you begin this process.

All dollar amounts stated above are before taxes. For more information on the procurement policy, please refer to DDSN Directive 250-08-DD

Once the provider is chosen by the individual or selected as the “lowest bidder” from among those providers chosen by the individual/legal guardian and the budget information and comments have been entered in the Waiver Tracking System (S20) and approved, the service can be authorized. For providers enrolled with SCDHHS as DME providers, services are authorized by sending the **Authorization for Services (Community Supports Form AT-13)** to the chosen provider. For providers contracted with the local DSN Board to do consultations only, services are authorized by sending the **Authorization for Services (Community Supports Form AT-14)** to the chosen provider. In this instance, a copy of the **Authorization for Service (Community Supports Form AT-14)** must be sent to the DSN board’s Director of Finance and the SURB Division SCDDSN Central Office.

Consultations are not covered by the State Plan. Consultations can be used to assess and determine the specific needs related to the individual’s disability for which appliances and assistive technology will assist the individual to function more independently. Consultations must occur **prior to** the individual being authorized for the service. A Consultation may be authorized by completing the **Authorization for Services (Community Supports Form AT-14)**. The maximum amount allowed for a consultation for the initial placement of an item is \$300.00. For each item, the “Start Date” must be noted to show the earliest date the provider can bill and receive payment for services. Along with the Start Date, the name of the item being authorized, the cost amount authorized and the frequency must be noted. For example: BellSouth Model TX200 Specially Adapted Telephone Cost: \$31.50 **Frequency:** one time”, then the provider can provide one phone for \$31.50.

Back dating of referrals is prohibited.

Monitoring the Services: You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the individual’s/family’s satisfaction with the service. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following schedule should be followed when monitoring assistive technology and appliances:

- One- time items: within two weeks of receipt of item
- Start over with each new provider
- Any single item costing more than \$2,500.00 requires on-site monitoring within two weeks of receipt. Refer to DDSN Directive 250-08-DD.

One-Time Items

- Did the individual receive the item?
- What is the benefit of the item to the individual?
- Is the item being used as prescribed?
- Was the individual satisfied with the provider of the item?
- Was the provider responsive to the individual’s needs?

Suspension, or Termination of Services: If services are to be suspended or terminated, a written notice must be forwarded to the individual or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal/reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 8** for specific details and procedures regarding written notification and the appeals process.